F-299

Zubok;

COMPLETE IF KNOWN

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

Att rney Docket Numb r

First Nam d Inv ntor

Application Number

X Declaration	Declaration	Filing Date		10/17/2003			
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Group Art Unit					
Filing	(37 CFR 1.16 (e)) required)	Examiner Name					
As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Instrumentation and Methods for use in Implanting a Cervical Disc Replacement							
	De	evice					
	(Title of the	Invention)					
the specification of which	(Title Of the	IIIveriuori)					
X is attached hereto							
OR							
was filed on (MM/DD/YYYY)		as United Sta	ates Application I	Number or PCT International			
Application Number	and was am	ended on (MM/DD/YYY	m	(if applicable).			
у фракция и и и и и и и и и и и и и и и и и и				(**************************************			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the							
application on which priority is clair	med.	<u> </u>					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
Additional familia application	numbom om listed en a a	unalemental priority de	to shoot DTO/SD	(02B attached bereto:			
Additional foreign application	numbers are listed on a st	appiemental phonty da	a sii et PIU/SB	1020 attached hereto.			

DECLARATION — Utility or Design Pat nt Application

Direct all correspondence to: X Customer Number or Bar Code Label 36402					?	rrespondence add	ress below
Name							
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City				State		ZIP	
C untry	-	Telephone				Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize th validity of the application or any patent issued thereon.						nd the like so	
NAME OF SOLE OR FIF	RST INVENTOR :	ДАр	etition ha	s been filed	for this un	signed inventor	
Given Name (first and middle [if any])	Karan			Family Name Zubok; or Surname			
Inventor's Signature	X4 mi					Date /0//	7/03
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Mailing Address 222 Spruce Street							
City	Aidland Park,	State	NJ	ZIP	07432	Country	US
NAME OF SECOND IN	/ENTOR:	A per	ition has	been filed fo	or this unsi	gned inventor	
Given Name Michael W. (first and middle [if any])			Family Name Dudasik; or Sumame				
Inventor's Signature	Mun	C-	•			Date 10/17	/03
Residence: City	Nutley,	State	NJ	Country	US	Citizenship	US
Mailing Address 29 Daily Street							
City Nu	tley,	State	NJ	ZIP	07110	C untry	US
X Additional inventors are being named on the 1 supplemental Additional Inventor(s) sh et(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box	+
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])				Family Name or Surname				
Joseph P.				Errico				
Inventor's Signature				Date 10/17/03			Date 10/17/03	
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Mailing Address		29	Dee	er Path	Circle			
Mailing Address								
City Green Brook,	State	, NJ		ZIP 08812 Coun		Count	try US	
Name of Additional Joint Inventor, if any:			is unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature							Date	
Residence: City	State			Country			Citizenship	
Mailing Address								
Mailing Address								
City	State			ZIP Co		Cou	ountry	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Sumame					
Inventor's Signature							Date	
Residence: City	State			Country			Citizenship	
Mailing Address								
Mailing Address								
City	State			ZIP C		c	C untry	

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number	
Filing Date	10/17/2003
First Named Inventor	Zubok;
Title Instrumentation and Methods	s for use in Implanting a Cervical Disc Replacement Device
Group Art Unit	
Examiner Name	
Attorney Docket Number	F-299

I hereby appoint:						
Practitioners at Customer Number 36402 OR	Place Customer Number Bar Code Label here					
Practitioner(s) named below:	Posistration Number					
Name	Registration Number					
as my/our attorney(s) or agent(s) to prosecute the application ide	entified above, and to transact all					
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I am the:						
Applicant/Inventor.						
X Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Joseph P. Errico, CEO, SpineCore, Ir	nc.					
Signature						
Date 10/17/2003						
NOTE: Signatures of all the invintors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
✓ *Total of forms are submitted.						

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STATEM	IENT UNDER 37 CFR 3.73(b)			
Applicant/Patent Owner:Rafail Zubok	; Michael W. Dudasik; Joseph P. Errico			
Application No /Patent No ·	Filed/Issue Date: 10/17/2003			
Entitled: Instrumentation and Meth	ods for use in Implanting a Cervical Disc Replacement Device			
	a Limited Liability Company			
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)			
states that it is:				
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2. an assignee of less than the entire rig The extent (by, percentage) of its owr	nership interest is%			
in the patent application/patent identified ab	ove by virtue of either:			
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The undersigned (whose title is supplied belo	ow) is authorized to act on behalf of the assignee.			
10/17/2003	Joseph P. Errico,			
Date	Typed or printed name			
	Signature			
	CEO, SpineCore, Inc.			
	Title			